



Coastal
The Energy People

0015

ACT/007/005
Folder # 4

DATE: 2-27-92

FACSIMILE TRANSMISSION COVER SHEET

TO: Priscilla BurtonLOCATION: DOGM - SLCFROM: Keith ToBellLOCATION: SKYLINE

NUMBER OF PAGES, INCLUDING THIS PAGE:

3CONTENTS: _____

_____COMMENTS: _____

If you have trouble with this transmission, please contact Glenna at 801-637-7925, Ext. 2018.

Utah Fuel Company

A SUBSIDIARY OF THE COASTAL CORPORATION
P. O. BOX 719 • HELPER UT 84526 • 801/637-7925 • FAX 801/637-7929
SALT LAKE 801/596-7111

02/27/92 15:36 304 325 8443

FLAT TOP INS.

002/003

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

2/17/92

PRODUCER

FLAT TOP INSURANCE AGENCY
320 FEDERAL STREET
P. O. BOX 1439
BLUEFIELD
WV 247010000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
LETTER A

FIDELITY & CASUALTY CO. OF NY

COMPANY
LETTER BCOMPANY
LETTER CCOMPANY
LETTER DCOMPANY
LETTER E

INSURED

THE COASTAL CORPORATION, ETAL
C/D ENERGY INSURANCE INT'L
P.O. BOX 36429
HOUSTON
TX 772366429

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO- LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. X OWNER'S & CONTRACTOR'S PROT. X KCU	MCD001172	12/31/91	12/31/92	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OF AGG. \$ 2,000,000 PERSONAL & ADV. INJURY \$ 2,000,000 EACH OCCURRENCE \$ 2,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED. EXPENSE (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	OTHER POLLUTION	MCP001173	12/31/91	12/31/92	500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

COASTAL STATES ENERGY COMPANY, SKYLINE COAL COMPANY AND UTAH FUEL COMPANY
SKYLINE MINES - PERMIT ACT/007/005

/BGW

CERTIFICATE HOLDER

STATE OF UTAH
DIVISION OF OIL & GAS
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UT 84101203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~RENEWAL~~
MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

FLAT TOP INSURANCE AGENCY
PER *James A. Nash, Jr.*
COASTAL CORPORATION

02/27/92 15:37 304 325 8443

FLAT TOP INS.

003/003

THE COASTAL CORPORATION**NAMED INSUREDS**

- A.** ANR Coal Company
ANR Western Coal Development Company
Brooks Run Coal Company
Cat Run Coal Company
Coastal Coal Sales, Inc. (formerly Coastal Coal International, Inc.)
Enterprise Coal Company (formerly Apache Mining Co.)
Greenbrier Coal Co.
Kingwood Coal Company
Skyline Coal Company
Southern Utah Fuel Company
Unique Mining Systems, Inc.
Utah Fuel Company
Virginia City Coal Company
Virginia Iron, Coal and Coke Company

and/or subsidiary, associated and affiliated companies or owned or controlled companies as were or are now or may hereinafter constituted, and

- B.** The Coastal Corporation, Coastal Natural Gas Company, Coastal States Energy Company and American Natural Resources Company but only in their capacity as parent and/or holding company to those entities scheduled in (A) above and, only as respects liabilities arising out of operations carried out by or for those entities scheduled in (A) above.

For the purpose of receiving and giving notice and payment or return of premium The Coastal Corporation shall be deemed the only named insured and shall act as the agent of any and all other named insureds.

Prepared by:

Flat Top Insurance Agency
P. O. Box 1439
Bluefield, WV 24701

1-3-92

1 801 637 7929
02-27-92 01:51PM FROM SKYLINE MINE

TO DOGM

P004/004

02/27/92 15:36 304 325 8443

FLAT TOP INS.

001/003

TRANSMITTAL COVER LETTER

DATE: 2-27-92

PLEASE DELIVER THE FOLLOWING PAGES TO:

Keith Zobell-

THIS TELECOPY IS BEING SENT BY:

Barbara Brown

NUMBER OF PAGES 3 INCLUDING COVER SHEET

IF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS POSSIBLE.
CONFIRMATION NUMBER IS (304) 327-3421. FAX NUMBER IS (304) 325-8443.

MESSAGE:

Attached is Certificate for
State of Utah.

I did have an incorrect
address and will mail another
original.